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MEDICINE AND SURGERY.

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THE AMERICAN PRACTITIONER.

NOVEMBER, 1871.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

Original Communications.

ON PRESCRIPTIONS.

BY J. HALE, M. D.

The history of compounding medicines dates as far back as 1491 B. C. In Exodus xxx, 23, 25, 34, 35, we find formulæ for the compounding of "odoriferous ointment and confection." The first prescriptions for internal administration of which we find any account were used by the Greeks, about two thousand years ago, as antidotes for poisons. Scribonius Largus, a Roman physician who lived about the year A. D. 50, wrote a work, entitled *Compositiones Medicæ*, which contained about three hundred formulæ, taken from various authors. This is said to be the oldest pharmacopœia now in existence. Galen, who lived A. D. 130, wrote two treatises on medicine, containing a large number of formulæ for the preparation of compound medicines. The first British pharmacopœia was published by the Royal College of Physicians of London, A. D. 1618, since which time the art of compounding medicines, and using prescriptions in the treatment of disease, has been adopted by all civilized nations.

Every school of doctors has its pharmacopœia, containing numerous remedies and prescriptions for every ailment human flesh is heir to. This fact has led to an unfortunate *routine* in the treatment of disease, and to an endless variety of *empirical nostrums* being vended by mercenary charlatans, greatly to the detriment of legitimate medicine. Still, notwithstanding the evil that has grown out of this practice, a great amount of good has also resulted from it. Medicine being to some extent an experimental science, we profit by the experience of others as well as our own.

Many special remedies have been discovered by observation to be exceedingly valuable in certain cases that never would have been suggested by any indication presented in the case. Hence it becomes necessary to the advancement of the science and art of medicine for these remedies to be made known to the profession.

The successful treatment of disease being the ultimate object of all medical investigation, therapeutics demands the highest consideration. The therapeutical application of remedies in disease necessarily refers back to the normal physiological states of the body, and to the laws which govern it in a healthy condition, and embraces the whole range of the pathological states. Notwithstanding the vast range of principles embraced, and the immensity and complicity of its details, it has essentially but one object — namely, that of inducing such changes in the morbid organic properties and functions as will enable them to return to their normal condition.

The strong natural tendency to recovery in most of our diseases is our chief reliance. The object of medicinal agents is to aid this tendency by controlling or mitigating inordinate actions of the organism. This may be done by the use of certain medicines alone or variously combined, the effects of which so modify these morbid actions as to aid the natural processes in their efforts to relieve the morbid condition of

the organism. The susceptibility of the organism to impressions may be greatly increased or diminished by remedial as well as morbific agents. One remedial agent may prepare the way for the favorable operation of another which might otherwise have been injurious.

A remedy which is curative in one combination of circumstances may aggravate disease when that combination is a little varied. Hence the doctrine in therapeutics that the order in which remedial agents are applied should be in their best individual relations to the existing pathological state, whether that state depend exclusively upon the primary disease or as modified by the subsequent treatment. This doctrine involves the principle which is concerned in the combination of medicines. By the union of two or more medicines we often create, as it were, a new remedy, possessing properties differing from either of the original. It is thus seen that art may multiply remedial agents to an almost endless extent. By combination, medicines that might otherwise be morbific may be rendered curative. An active cathartic, which given alone might aggravate intestinal inflammation, may be rendered safe and useful by the addition of opium. The narcotic so lessens irritability that the cathartic is innoxious, and is thus enabled to establish a favorable pathological change. Nature has carried out this principle very extensively. We see it strongly pronounced in the cathartic, tonic, and astringent properties of rhubarb; in the febrifuge and tonic virtues of cinchona; in the soporific anodyne and astringent properties of opium; in the anodyne, narcotic, and laxative effects of hyoscyamus, belladonna, etc.

We have many modern prescription-books containing prescriptions for all diseases, with definite proportions of each article contained in them. This practice, as a general rule, is not only wanting in philosophy, but is clearly empirical. The adaptation of remedies, both as to the ingredients of the compound and their relative properties, should be adjusted

by the united circumstances of every case as they may exist at the time, especially in all forms of acute disease. It is clearly manifest that the true principles of medical science can be fulfilled only by a careful investigation of every case in all its aspects. To make a rational prescription requires an accurate discrimination of the pathological condition, and an intimate knowledge of the effects of each remedial agent. There are, however, a few diseases in which we have learned by observation the use of certain special remedies, or combinations of remedies. Almost every practitioner has his favorite prescription in these cases. We subjoin a few of ours, hoping that they may prove useful to other members of the profession.

In Intermittent Fever.

℞. Quiniæ sulph., ... gr. xx;
Pil. hydrarg., ... gr. x;
Piperin., ... gr. x;
Pulv. opii, ... gr. ij.
M. Ft. pil. No. x.

S. Two every three hours, beginning twelve hours before the expected paroxysm, to be followed by an aperient.

In Neuralgia.

No. 1.— ℞. Quiniæ sulph., ... gr. xxx;
Acid. arseniosi, ... gr. j;
Ext. belladonn., ... gr. v;
Morph. sulph., ... gr. iij.
M. Ft. pil. No. xv.

S. One every four hours.

No. 2.— ℞. Liq. potas. arsen., ... ʒiv;
Tr. belladonn., ... ℥j;
Tr. aconiti rad., ... ʒiij. M.

S. Twenty drops in water three times a day, after meals. This has proved very efficacious in some very obstinate cases in our hands.

In Gastralgia.

℞. Argenti nitratis, ... gr. xv;
Bismuth. subnit., ... ʒij;
Ext. belladonn., ... gr. v.

M. Ft. pil. No. xv.

S. One a half hour before each meal.

In Chronic Diarrhea.

No. 1.—℞. Argenti nitratis, ... gr. x;
Bismuth. subnit., ... ʒj;
Pulv. opii, ... gr. vi.

M. Ft. pil. No. xv.

S. One three times a day.

No. 2.—℞. Acid. hydrochlor. diluti, ... ℥j;
Tr. opii, ... } āā ʒiv;
Tr. nuc. vomicæ, ... }
Tr. zingib., ... ℥j. M.

S. Tea-spoonful, in water, three times a day. This prescription we have found very efficient in cases attended by indigestion.

In Constipation.

℞. Ferri sulphat., ... gr. xxx;
Aloes socot., ... gr. xv;
Ext. belladonn., ... gr. x;
Strychniæ sulph., ... gr. j.

M. Ft. pil. No. xxx.

S. One pill three times a day.

In Asthma.

℞. Ether. sulph., ... ℥jss;
Tr. Lobeliæ, ... ℥j;
Tr. opii, ... } āā ʒiv.
Tr. stramonii, ... } M.

S. Tea-spoonful every hour or two until the dyspnœa is relieved.

In Dysmenorrhœa.

℞. Tr. camph., ... ʒv;
Tr. opii, ... ʒij;
Tr. belladonn., ... ʒj. M.

S. Tea-spoonful every hour until the pain is relieved.

IN ANASARCA.

℞. Tr. digitalis, ... ℥ j ;
Potass iodid., ... ʒ iij ;
Vin. colchici rad., ... ʒ ij ;
Syr. sarsap. comp., ... ℥ iij ;
Aqua pura, ... ℥ ij. M.

S. Tea-spoonful three or four times a day. The bowels to be freely moved every three or four days with pulv. jalapæ comp. We have used this prescription in several obstinate cases with complete success. It is also very valuable in other forms of dropsy.

IN CHRONIC DIARRHEA OF CHILDREN.

℞. Argenti nitratis, ... gr. ij ;
Acid. nitric. diluti, ... gr. xv ;
Syr. papav., ... } āā ℥ j.
Aqua destil., ... } M.

S. Tea-spoonful every four hours. We have found this a valuable prescription in protracted cases of summer-complaint, attended by gastric irritation, with frequent offensive evacuations.

IN DYSENTERY.

℞. Sodæ sulph., ... ℥ j ;
Morphiæ sulph., ... gr. j ;
Aqua pura, ... ℥ vj. M.

S. Table-spoonful every two hours until free watery operations are produced, then prolong the interval to four hours, and continue until the dysenteric discharges, pain, tenesmus, etc., cease.

This prescription was used here twenty-five years ago by a very eminent practitioner (the late Dr. Murray) with great success, and has been in general use ever since by the physicians of this section of country. I have been using it for fifteen years in almost every case of dysentery that has come under my notice, and with the most favorable results. If properly administered in the early stage of spasmodic dysentery, it seldom fails to control the disease in two or three days.

OWENSBORO, KY.

CASE OF INTUSSUSCEPTION.

BY GEO. BOERSTLER, JR., M. D.

Robert E., aged twelve years, of scrofulous habit—father having died of phthisis two years ago—was seized with a chill, followed by high fever, on the morning of August 15th. There was a slight remission in the evening, when fever again returned, attended with pain in the stomach and bowels, and frequent vomiting. I was summoned to attend the patient on the following day; found him with a depressed and anxious countenance; pulse 100; skin dry and hot; tongue covered with a dark-brown coating; no redness; papillæ not elevated; bowels had not been evacuated for two days, distended very much, and tympanitic; pressure excited pain. The stomach was irritable; vomiting frequent; a watery, greenish fluid discharged from the stomach. For twenty-four hours he has not retained the smallest quantity of food or any fluids. A tea-spoonful of water, when swallowed, is immediately ejected.

Calomel, four grains, bicarbonate of soda, two grains, every four hours until the bowels move; warm flannels over abdomen. The skin over the abdomen was much reddened by a mustard-plaster applied by the mother during the night.

17th.—Passed a restless night; vomiting still continues, though not so frequent; stomach retained but two of the powders; no evacuation; distension of abdomen not so great; intense thirst; temperature of body increased.

Omit calomel and soda; a table-spoonful of neutral mixture in lemonade every two hours; swallow small pieces of ice; warm soapsud injections, with castor-oil, every two hours until bowels are moved.

18th.—Slept three hours last night; stomach retained but two doses of the medicine; abdomen more swollen, hard, and

tympanitic; several injections were given, but no fecal matter was discharged. Omit the neutral mixture; creosote, one drop, in mucilage every four hours; turpentine stupes to abdomen; continue the ice.

19th.—Rested well; complains of more pain this morning; bowels still distended, and painful on pressure; the seat of pain is principally in the right lumbar, iliac, and hypochondriac regions; expresses himself as feeling the wind rolling from place to place through the bowels; has not vomited for eight hours; explored the rectum with the finger, and found it empty; introduced a rectum-tube pretty high up, but no escape of flatus followed; occasional eructations of wind from the stomach, which gives temporary relief. Discontinue creosote, and substitute a strong carminative mixture, in combination with the fluid extract of senna; cold cloths to abdomen; drink iced milk, with cream; cold-water injections.

20th.—Slept but little last night; stomach remains composed; considerable fever; pulse 110; emaciating rapidly; eructations of wind more frequent. I gave an enema of tincture of asafetida in warm water, when several small lumps of fecal matter, with a large ascaris lumbricoides, was passed. Continue mixture, with an occasional dose of morphine.

21st.—The second dose of morphine produced about four hours' sleep; patient is still partially under its influence; stomach tranquil; has some desire to go to stool; bowels not yet moved; cold cloths to abdomen afford relief. Continue treatment; resume injections of warm water; ordered beef-tea.

22d.—Symptoms worse; bowels more distended, and very painful on pressure; pulse frequent and small; injections produced no feculent discharge; morphia, one eighth grain, every four hours; discontinue other medicine.

23d.—Was on the vessel this morning; a good deal of tenesmus, but nothing passed from the bowels; no desire for food; can not bear the weight of bed-clothes over the

abdomen; the tongue dry and red; pulse becoming more feeble; ordered port-wine every two hours, with an occasional anodyne.

24th. — Patient gradually grew worse, and died, after a slight convulsion, at four o'clock A. M.

Autopsy twelve hours after death. Dr. M. Effinger very kindly assisted me in making the post-mortem examination. About four hours after death there commenced a discharge from the mouth of a large quantity of dark, offensive fluid, resembling somewhat the coffee-ground vomit. This discharge continued for several hours.

Exterior. Tympanitic distension of abdomen to great extent; no peculiar rigidity of the muscles observed.

Abdomen. About half a gallon of dark straw-colored fluid was found in the abdominal cavity. The peritoneum, both parietal and intestinal, exhibited traces of inflammation.

Omentum. The large omentum exhibited traces of inflammation, especially toward its lower edge.

Stomach. The stomach was considerably distended, and contained a small quantity of thin, grayish fluid, but presented no traces of previous inflammation.

Small intestines. The small intestines were distended to twice their natural size by gas. In a part of the small bowels was found a moderate quantity of thin fluid, similar to that in the stomach. The external coat had a dark, congested appearance, and on the surface was a superficial blush of redness in small patches, showing that inflammatory action had taken place. Upon examining the right iliac region, a dark, congested mass of bowel was observed; and on lifting it from its situation it was readily torn, and a small quantity of fluid fæces escaped. The appendicula vermiformis was nowhere to be found. The lower portion of the ileum exhibited traces of inflammation along its mesenteric attachment. An invagination to the extent of four inches of the ileum into the descending colon was found. Immediately below the invagi-

nated portion the intestine had made two complete revolutions. The bowel was so tightly twisted upon itself that the two portions were nearly cut through, with the exception of a small shred of the outer coat, which held them intact. Above and below the seat of stricture, to the extent of ten inches the intestine was of a dark color, highly inflamed, gangrenous, and tearing when handled. The colon was considerably distended with gas. The rectum was found healthy and collapsed; liver somewhat enlarged and congested. Spleen, gall, bladder, and pancreas exhibited no morbid appearances.

This affection is one of rare occurrence in private practice, especially in adults. It is of exceedingly difficult and uncertain diagnosis. Accompanied with symptoms of an obscure character, its very existence is often unsuspected, and it may easily be mistaken for other diseases. So uncertain are the diagnostic symptoms that John Hunter, who paid particular attention to this subject, declared that its existence could never be satisfactorily ascertained during life. In the foregoing case it is difficult to suggest any cause which might have produced the trouble. It was not owing to any imprudence in diet. The patient had never been a large eater, and his bowels had been daily evacuated up to within two days of the attack. There are two symptoms which, when present, establish a correct diagnosis beyond doubt — stercoraceous vomiting and the presence of a tumor. Here the vomiting was frequent during the first three days, but at no time was there vomiting of stercoraceous matter; and the presence of a tumor could not be detected by careful examination, which was frequently made at the regions where the patient suffered the most pain. The treatment pursued was that laid down by many of the ablest writers upon this subject. I regret that I am not able to give a drawing of the specimen.

LANCASTER, OHIO.

THERAPEUTICAL USES OF THE GELSEMINUM SEMPERVIRENS.

BY THEO. N. RAFFERTY, M. D.

Great as have been the advances in the science and art of therapeutics in our times, no one will deny that further improvement of our curative measures is a matter greatly to be desired. We are still far short of the goal for which we are striving. The two methods by which we may expect to extend the domain of therapeutics are the discovery of new remedial agents of greater efficiency and certainty than those now in use, or the acquirement of more definite knowledge as to the action of those now known to the profession. Among the articles lately introduced into the materia medica as possessing a decided character, that named at the head of this article is one which, I think, will stand its ground. My experience with it justifies a most favorable report of its powers. When it comes into general use I venture to predict that it will become a popular remedy with the profession.

It is not my purpose to give in this article an extended account of the gelseminum, but simply to submit a few observations upon it, in the hope that other practitioners may be induced to test the truth of my conclusions in regard to the remedy. Like many other medicines, the discovery of the medicinal action of the yellow jasmine was the result of accident, an interesting account of which is given in the United States Dispensatory. Prof. Wood, in his Therapeutics and Pharmacology, ranks gelseminum among the nervous sedatives. This is perhaps as correct as any other classification of the remedy, and yet it is something more than a sedative of the nervous system. It acts powerfully and directly upon the heart, and through it also affects respiration. When it is taken in poisonous doses it is the heart

which first feels its influence, and where death has resulted it has been from failure of the heart's action. The first effect from it which I have felt in my own case, or have observed in others, is a relaxation of the entire muscular system, accompanied by a feeling of great comfort—a sensation of pleasant languor. Next, the heart's action is reduced; the frequency and force of the pulse are diminished; and with this effect upon the central organ of the circulation there is a slight failure of the respiratory function, though the reduction in the number of respirations is not so great as that of the pulse. In a little while the eyelids grow heavy and droop, the vision is disordered, and double vision is not an uncommon occurrence. Double consciousness sometimes occurs, and is a very marked symptom. The subject of the experiment fancies himself two, and if food or drink is offered to him he insists that some shall be given to his other self. In my own experience its physiological action has been delightful, reminding me of the vivid descriptions of the effects of opium by DeQuincey in his "Confessions of an English Opium Eater." Dilatation of the pupils is not a constant symptom. Stupor, more or less profound, follows a decided dose.

As a febrifuge I have used the gelseminum somewhat extensively, and have rarely been disappointed in the expected result. It may be used in every form of fever, and certainly proves useful in all cases where benefit may be expected from any remedial agent of its class. The power of *curing* intermittent, remittent, and other fevers is not claimed for the remedy; but that it is capable of exerting a powerful influence on the nervous system, in controlling the action of the heart and promoting perspiration, can not be disputed. Probably the greatest advantage to be derived from its use in febrile disorders is in modifying the action of quinia, which, conjoined with it, may be used without the least possible danger of augmenting the febrile symptoms, or producing any deleterious effect whatever.

In addition to the valuable febrifuge properties of the gelseminum, it is useful in many other disorders, among which may be mentioned neuralgia, hysteria, epilepsy, all the phlegmasiæ, nervous headache, some forms of rheumatism, and many allied disorders. In cases of protracted labor from rigidity of the os uteri it is probably as near a specific as any other article of the materia medica. From a limited experience of the drug in puerperal eclampsia, I am led to believe that benefit may often be derived from its judicious administration in that the most distressing malady which the accoucheur is called upon to treat. In the convulsions of children during the period of dentition, or arising from worms, much may be expected from its careful use as a means of temporary relief. It is also of unquestioned benefit in many cases of functional disease of the heart, characterized by the usual feelings of smothering and palpitation.

The most eligible preparations of gelseminum are the fluid extract and the tincture; the ordinary dose of the former being five to thirty drops, and of the latter preparation ten drops, to a fluid drachm, though it should be given very cautiously. In cases of poisoning from gelseminum, the proper remedies are brandy, opiates, and quinine.

PALESTINE, ILL.

[Gelseminum sempervirens in an overdose is a deadly poison, and such a dose is a drachm of the tincture as we have seen it prepared. One of the hinderances to the use of this powerful remedy — the most energetic known in its action upon the heart—is the uncertainty about the strength of its preparations. We earnestly recommend our readers to begin with the smallest quantity mentioned by our correspondent, and to watch carefully its effects. We are satisfied that it is an agent of most decided efficiency, and hope that we shall hear from other practitioners as to the results of their observations upon it, whether confirmatory or opposed to the

experience of Dr. Rafferty. It is a remedy which ought to elicit the attention of the profession, and be subjected to thorough investigation.—Eds. Am. Prac.]

ON HYDROPHOBIA.

At a meeting of the Louisville College of Physicians and Surgeons, on the 25th of May, Dr. G. W. Burton reported the following interesting case, in which the symptoms of hydrophobia were induced by the bite of a healthy dog:

I was called, on the 28th of April, to see a negro girl nine years old. Her mother said that the child was bitten by a dog about three weeks previously, while returning from the baker's with a loaf of bread in her hand. The dog snatched the bread out of her hand, and carried it some distance, inflicting two very slight wounds—one on the ring-finger and the other on the back of the hand. No alarm was excited by the injury, as the dog had not shown any symptoms of canine madness. The wounds healed kindly, and the girl continued in her usual health until a few days before I was called to see her. On the 26th, after suffering general indisposition for a day or two, she had severe pain, originating in the finger and hand which had been bitten, and extending up the arm; but with no change in the appearance of the scar, nor any swelling. This was supposed to be rheumatic, and a poultice was applied. On the next night she had fever and convulsions, with frothing at the mouth. An anodyne mixture was ordered by a physician, which seemed to give no relief. When I first saw her she was lying quietly in bed; rational, with a cool, moist skin; pulse 90; tongue furred; bowels constipated; slight headache; no tenderness on pressure over the spine. She had not slept for thirty

hours. Her respiration was peculiar, and may be described as a continual sobbing. On offering her water, she grasped the cup with both hands; was extremely agitated as she brought it to her lips, her eyes fixed upon it, and evidently requiring all her force of will to overcome her aversion. She was seized with spasms in the muscles of deglutition, causing great difficulty in swallowing. There was also a wild, anxious expression of her eyes. She was ordered pills of calomel, aloes, and extract hyoscyamus, to be followed by bromide of potassium and camphor-water at short intervals.

Saw patient again at half-past one o'clock. She had had a convulsion about twelve o'clock, lasting ten or fifteen minutes; was thirsty after paroxysm. She seemed to be conscious of the approach of the paroxysm, and would call upon her mother to "hold her." At eight o'clock she seemed more quiet; had taken beef-tea and milk and bread during the day. In the afternoon took comp. tr. val. and Hoffman's anodyne. Ordered one drachm of hydrate of chloral, fifteen grains to be repeated every hour until she slept, or had taken four doses, with morphine by enema.

On the 29th she was decidedly worse; had passed a restless night; no sleep. The fourth dose of chloral vomited her; bowels had been freely moved; pulse 145; respirations 35; skin cool and clammy; extreme restlessness; loquacious, with hallucinations, seeing frightful objects in the bed, with intolerance of light and sensitiveness to draughts of air. The blowing of air in her face produced spasms in the muscles of the throat. The intolerance of light lasted only six or eight hours.

At twelve o'clock I saw her in a convulsion. Every muscle of her body seemed to be affected in quick succession, throwing her from one side of the bed to the other in almost every conceivable posture; but the greatest difficulty was in the throat. With both hands clasping it, she seemed to be in imminent danger of death from apnœa. There was no frothing

at the mouth or spitting of mucus, nor any disposition to injure those around her. The convulsions recurred more and more frequently, and continued longer, until four o'clock, when she became quiet; chloroform by inhalation and morphia by enema having been used freely, and stimulants during night and day. She died at six o'clock, not having slept for six hours or more.

It has been questioned whether a dog could communicate hydrophobia before showing any symptoms of the affection. The dog concerned in this case had been confined in a stable for some time, and was out for only a little while every day.

[He remained apparently well for three or four months, when he died, as was supposed, from poison administered by an unknown hand.]

Dr. POLK related a case of hydrophobia which had occurred to him some years ago. A colored boy was bitten by a dog, and the wound, after treatment by him, healed satisfactorily. Two years after receiving the injury the boy began to exhibit symptoms of hydrophobia. The great length of time intervening making it rather a peculiar case, Dr. Bayless was called in consultation, and confirmed the diagnosis. The patient was delirious, talking incoherently; and when presented with water or medicine he would tell his nurse to wait; then, after a short pause, would clutch the glass and swallow the liquid hurriedly, apparently to avoid the spasm excited by it. He gave the patient chloroform to control his spasms. The boy resisted it with all his might, and was only quieted sufficiently to allow him to swallow his medicine. In the course of the evening he vomited something resembling coffee, and subsequently a substance like coffee-grounds. The following morning he died in a spasm. He also related the case of a colt affected with hydrophobia which tried to bite its owner, pursuing him with great fury. With difficulty the man saved himself by jumping over a fence. Dr. Polk stated further that many persons bitten by rabid animals did not take the

disease at all, being frequently saved by the interposition of their clothing, etc.

Dr. RICHARDSON said that other diseases were often taken for hydrophobia. He did not believe it possible that the disease could be developed so long after the reception of the injury as has been stated. The amount of information we possess in regard to this disease, if not very small, is at least untrustworthy.

Dr. DAVID W. YANDELL remarked that his interest in poisoned wounds had perhaps been increased by having suffered in his own person on three occasions with them—once from the poison derived from a recently dead body, once from a punctured wound of the thumb, made by a spiculum of the femur which had lain in the macerating-tub for weeks, and once from a slight abrasion received from the condyles of a femur which had been pulverized by the passage of a minie-ball through them some days before, and in which decay had set in. The latter, which was the most serious of the three, came near costing him his life. The period of incubation was exceedingly brief in all. They were fair illustrations of the acute form of this class of wounds. Hydrophobia, of all the animal poisons, is believed to lie latent in the system longest. The poison of the cobra de capello seems to be that which is most swiftly fatal, destroying life always, and within a few hours. The poison of rabies, on the other hand, would seem capable of lying dormant in the human system for years, and then exploding, ending alike always in death. Snake-poison produces its effects almost instantly, while that of glanders, of rabies, of syphilis, and that derived from dead bodies, requires a certain period in which to multiply itself, and affects the general system.

Dr. Copland attempts to explain the latency in rabies by stating that the virus is not imbibed by the capillaries and carried into the circulation. But I fancy few surgeons will be found to believe this; for while each of the several forms

of animal poison has its characteristic action and appropriate symptoms, there can be little doubt that, when brought properly in contact with the living tissues, they are one and all instantly absorbed. They must all reach the circulation; and once in its torrent they are swept with equal speed throughout the entire system. The virus of rabies, once in the blood, must traverse, just as quickly as that of the cobra, all the tissues of the body. Like the poison of syphilis, or that derived from a dead body, it must have been received at the moment of contact, and the tardiness of its subsequent manifestations can not be allowed to militate against the rapidity with which it is absorbed. The same is believed to be true of the poison of scarlatina and of all other zymotic diseases. This tardiness of development on the part of syphilis led surgeons for a long while to believe it possible to prevent the entrance of the poison into the system by timely destruction of the chancre. Sigmund, for example, taught that a chancre which was destroyed within three days after coition would never develop syphilis, and that destruction of the sore within even six days would generally afford immunity against the disease. These opinions, and the practice which grew out of them, have been abandoned, and few surgeons to-day hope to prevent syphilis by destroying chancre, though done never so early. And if syphilis, so slow of development, can not be eradicated by excision, caustics, or any other means, are we likely to be any more successful in cutting short its congeners? I myself think not.

That one animal poison is slower of development than another does not establish the fact that it is slower in being absorbed into the system. For instance, syphilis, which has a distinct period of latency, moves as inevitably through its several periods of evolution, when once introduced into the living tissues, as does the poison of the cobra, which has no period of incubation, but which is at once and inexorably fatal. No means at our command are capable of preventing

the development of the one any more than the result of the other. Syphilis follows its appropriate contact in spite of the most immediate and thorough destruction of the parts to which its poison is applied. The venom of the cobra is inevitably fatal, though a ligature lie on the limb ready to be tightened the very instant the subject is bitten, and a knife with which to excise, and the white iron with which to char the injured parts be used as quickly as human hands can employ them. Dr. Fayrer, in his experiments in India on the lower animals subjected to the bite of the cobra, declares that he never succeeded in a single instance in averting the catastrophe. I submit then, with these facts before us, that local means used in poisoned wounds, with the view of preventing the entrance of the virus into the circulation, are useless. Yet, if called on to treat a case of rabies, I should, simply because I do not know what else to do, make free use of the most powerful escharotics. Bouley prefers the actual cautery. Mr. Youatt's favorite caustic in rabies is nitrate of silver; but if forced to rely upon it alone, after being myself bitten by a mad dog, I should be wretched until the extreme limit of incubation of the disease had been passed. Youatt is said to have used the lunar caustic on his own person on four different occasions after being bitten by rabid animals. That he never experienced inconvenience from his injuries proves, I think, not that the remedy used was powerful, but that the poison was weak. Ligature, where this can be applied; thorough excision of the wound and its surroundings, expression, and the unsparing use of escharotics, constitute the local means on which most reliance is placed; while opiates, sedatives, antispasmodics, tonics, stimulants, and food, with perhaps tracheotomy or laryngotomy, to relieve threatened suffocation, make up the remainder of our resources against this dread disease.

The French and Prussians have furnished perhaps the most reliable statistics concerning rabies. In a report made,

under direction of the minister of agriculture, by M. Bouley, and which embraces a period of five years, from 1863 to 1868, it appears that in France there were three hundred and twenty persons bitten during this time by rabid animals (dogs, cats, and wolves). Of this number a fraction over forty per cent. had hydrophobia. The general belief is that but one person in four bitten by a rabid animal matures the disease. Hunter gives an instance where out of twenty persons injured by the same dog only one had hydrophobia. According to French statistics, children, though more exposed to bites from rabid animals, are less predisposed to hydrophobia than adults. The poison on which hydrophobia depends is generally thought to reside in the secretions from the mouth of the rabid animal; but Trolliet, in his treatise on rabies, maintains that the poison is contained in the frothy matter expelled from the bronchi, and afterward mixed with the secretions from the mouth. Wherever generated, and whatever the nature of the poison, it can not be communicated either by the blood or flesh or milk. It seems necessary that it should be introduced directly into the circulation, either through a wound or a raw surface. Rabies seldom occurs in less than forty days after exposure, though instances are given where it manifested itself on the seventh or eighth day. In Bouley's cases the large majority of them were developed in sixty days, while beyond the sixth month not a single case occurred. Bouley concludes therefore that where a person exposed to rabies reaches the ninetieth day without symptoms of the disease, the probabilities are largely in favor of entire immunity. In thirteen fatal cases reported by Trolliet, in six the disease appeared between the fifteenth and thirtieth day, in four between the thirtieth and fortieth day, in two between the fortieth and fifty-third day, and in one in three months and eighteen days. We have all heard of cases in which the disease is said to have remained latent for ten or twelve years, then to develop and prove fatal. I myself have never believed such statements to be altogether

authentic. The great majority of cases which can be considered at all trustworthy manifest themselves within from fifteen to ninety days after the bite. I should consider a patient very safe against rabies who had gone six months unharmed, just as I would consider an individual perfectly safe against syphilitic development who, after contracting a suspicious venereal sore, had gone without treatment and without eruption for a similar space of time.

The part bitten seems to possess enormous influence as to mortality, Bouley's statistics showing that ninety per cent. of those bitten upon the face die, and sixty-three per cent. of those bitten upon the hands, while only twenty-eight per cent. of those upon the arms and legs are fatal. The season of the year to which police authorities everywhere seem to attach so much importance, so far as our canine friends are concerned, would seem to play a far less conspicuous part in the production of hydrophobia than is generally supposed. In three hundred and three cases reported in France, eighty-nine occurred in spring, seventy-five in winter, seventy-four in summer, and sixty-four in autumn. At Wurtemburg the disease prevailed most in the months of January, February, and March, and was seen least in August, September, and October. Hydrophobia is said by Mr. Poland to be rare in England. In Edinburgh but one case had been seen during twenty-five years. I think the same has been said of Philadelphia. One of the most admirably reported and interesting cases on record was communicated to the New York Medical Journal, in 1869, by my friend, Dr. W. B. Rodman, of Frankfort, Ky., in whose practice it occurred. Here the bite was inflicted in September, but the disease was not developed until the following March, the extreme limit fixed by Bouley. Two or three cases have been reported in this city during a period of upward of thirty years.

ON THE TREATMENT OF EPILEPSY.*

BY AUG. VOISIN, M. D.

The treatment of epilepsy embraces, first, the treatment of the paroxysm; second, that of the symptoms which follow it, as vertigo, etc.; third, that intended to prevent a return of the morbid phenomena; and fourth, the treatment of the disease itself.

Treatment of the attack. The instant the seizure begins the patient should be put in the horizontal posture on the floor or on a low bed, the head well raised, the neck bared of all covering to prevent constriction, and the individual guarded against injuring himself. Should he bite his tongue, a plug of soft wood or cork or a roll of linen should be put between the jaws. If there be an abundant frothy saliva, the head should be turned to one side, in order that it may escape. After the attack has fairly begun, the inhalation of stimulating substances is useless.

Compression of the carotids has often been successfully employed. As it acts by preventing cerebral congestion through the atony of the arteries and veins which follows contraction of these vessels, it should be used at the moment when the seizure is becoming convulsive. I have relieved two cases by forcible flexion of one of the great toes, as recommended by Brown Séquard.

Guido Borelli suggested the following, which was practiced for many years by Solizetti at Rome: apply the index finger and thumb of the left hand to the temples; place the thumb of the right hand in the space immediately below the occipital protuberance; now make vigorous pressure with the thumb in the sub-occipital space, pushing from below upward, and

* Translated from the *Nouveau Dictionnaire de Medicine et de Chirurgie Pratique* by D. T. Smith, M. D., of Louisville.

from behind forward. While this is being done, compress the temples with the fingers of the left hand, and push the head back, thereby forcing it to describe the arc of a circle, external to and below the spinal axis.

Solizetti thought the success of this maneuver due to the properties attributed to the medulla oblongata; the seat of epilepsy being the lower portion of the medulla, and the result of an accumulation of electricity generated in this portion of the medulla; compression of the medulla in consequence of the movement executed upon the atlas interrupting the accumulation of the fluid, and thus restoring the equilibrium of the nervous centers.

Ligation of the limbs has been practiced in epileptics who are subject to frequently-repeated attacks of the disease. It seems to act by temporarily withdrawing a quantity of blood from the general circulation, affording thus all the benefits without the drawbacks of venesection. Whether the explanation, however, be correct or not, the practice is often successful. Among other instances is a case mentioned by Piégu. Such epileptics as are in the habit of falling down head foremost should be required to carry a cushion constantly with them. Where they are given to dislocating the shoulder in their seizures, they should either have the arm fixed to the trunk during their paroxysms, or be provided with some preventive apparatus against luxations of this joint. During the seizure it is of the first importance to prevent or lessen asphyxia. The best means for this purpose are the inhalation of chloroform, dashing the face with cold water, and forcible flexion of one of the great toes.

Treatment of the sequelæ of the attack. When a paroxysm is followed by headache, stupor, and general malaise, stimulating pediluvia are useful (Valleix). If the signs of cerebral congestion are decided, and especially if the patient has had a number of attacks at short intervals, a purgative, along with leeches behind the ears, around the anus, or below the

malleoli, will be found of service. Where fever, wandering, delirium, etc., succeed the paroxysm, benefit is nearly always derived from the application of a blister to the nucha, as near the scalp as possible, and continued for several days, and the exhibition of quinia, digitalis, minute doses of calomel, and purgatives.

For upward of three years past I have used in the hospitals of Bicètre and Salpètrière curare hypodermically, in doses of two and a half to three grains, for the control of that form of maniacal delirium which in some instances ends fatally after a succession of eight or ten or even fewer attacks. I have sometimes even exceeded the latter quantity. The medicine should be in the form of a well-filtered and perfectly clear solution, and employed once daily as long as the wandering and stupor persist. It subdues the fever and mania, or reduces the latter to mere incoherence. Twice only during a period of fifteen months have I found it necessary to repeat the curare in the same individual. On both these occasions the maniacal attack was most intense. The curare has furthermore seemed to ward off the cephalalgia which is so constant an attendant on the seizures, patients complaining only of that painful sense of constriction about the head which precedes the attack. It is a fact worthy of remark that delirium rarely follows the attacks in individuals treated by the bromide of potassium.

To prevent a recurrence of the attacks. The epileptic should avoid every species of excess and irregularity of diet, these causes alone often exciting the seizures. Witnessing an attack of epilepsy in one person is capable, it has been said, of provoking it in another. I never saw an instance of the kind among the epileptics under my care at Bicètre, and but a single case among those at Salpètrière. It does not suffice to tell an epileptic what he should do; he should also be told what he should not do. Among other things, he should be warned against stimulating food and alcoholic drinks, or

remaining in a confined atmosphere or one of high temperature; against standing exposed to the hot sun, or smoking, more especially cigarettes, or practicing onanism or sexual intercourse; sea-bathing, or even remaining near the sea-shore. In a word, the life of the epileptic should be free from every species of emotion and passion—a life of uninterrupted calm. When the attack is preceded by an aura in any part of the body, by ringing in the ears and hallucinations, an effort should always be made, though it is seldom successful, to avert the full development of the seizure. Where the aura begins in a part remote from the nervous centers, the application of a stout ligature or an iron band, or an ordinary garter worn at night, or indeed compression made in any other way between the two points, will sometimes prevent an attack. Instances have been reported where the seizure was averted by placing the affected hand, when the cramp was still confined to this part, palm downward, on some flat surface, and making sharp pressure on it with the other hand. Frictions of the parts occupied by the aura are employed with advantage. Herpin mentions an epileptic in whom the paroxysm began at the root of the tongue, and who could avert the seizure by contracting the muscles in antagonism to those affected. Odier reports a case of epilepsy, due to a cerebral tumor of traumatic origin, where the attacks were warded off by a ligature thrown round the right arm when the cramps were felt in the corresponding hand. Broca exhibited to the Academy of Medicine, in 1868, a compressor devised by Rozier, and successfully employed in an epileptic in whom the approach of an attack was announced by an aura in the right index finger. The inhalation of stimulating substances, as ammonia, tobacco, etc., oftentimes yields good results in patients whose attacks are preceded by an aura. In persons who have epigastric auras, lasting as long as forty or fifty seconds, eating a mouthful or two of bread has sometimes averted an attack. In one individual, whose seizures came

on when he first rose in the morning, and while fasting, the ingestion of food prevented both the morning aura and attack. An epileptic at Bicètre was able to avert a seizure by having a person mount his shoulders when he felt it approaching.

In that variety of epilepsy which occurs periodically with the catamenia, antiperiodics, though seldom of much benefit, should be given in increased doses at the time of the expected flux. Dumas has made some interesting researches on the power of quinia over periodic epilepsy. He believed that if epilepsy could be made to recur periodically, it could be cured by antiperiodics. With this view he gave alcoholic drinks at regular intervals in order to provoke the seizures; he then suspended their use, the disease became periodic, and was cured by quinia.

Treatment of epilepsy proper. When epilepsy occurs in children or young persons, it is often due to the presence of intestinal entozoa, and should be treated accordingly. Very many instances of cure by vermifuges, in persons in whom worms were not at first suspected, are on record. Epilepsy in young adults, when not preceded by the usual phenomena of the disease, affords reasonable grounds for believing that it may be due to syphilis. In such subjects a thorough examination should be made of the external genitals; and though no positive evidence may be detected in any of the usual situations, it is nevertheless advisable to employ specific treatment. The writings of Maisonneuve, Cullerier, Ricord, and others clearly establish that syphilis may be the cause of epilepsy.*

The treatment of epilepsy is, as has been elsewhere remarked, not only therapeutic, but hygienic also; and the hygiene of epileptics is peculiarly important. Their habits, manners, business, all should be watched with the most vigi-

* For an exceedingly interesting and instructive paper on *Syphilitic Epilepsy*, see an article in the American Journal of Syphilography and Dermatology, by Dr. Reuben Vance, editor of the Medical World.—Eds. Am. Prac.

lant care by the physician. The life of the subject should be calm, free from excitement, emotions, crosses, or severe intellectual labor; the regimen uniform, even to monotony. The strictest temperance in eating and drinking, avoiding wine, coffee, tea, and beer, and absolute continence, are of the first importance. Violent exercise is hurtful, but moderate exercise, particularly chamber gymnastics, is beneficial. River-bathing, from the danger of attacks while in the water, should be forbidden. In a word, the most perfect hygiene of body and mind is essential, and contributes much to the cure by lessening the morbid irritability of the patient.

Among drugs proper, the bromide of potassium deservedly ranks as the leading remedy in epilepsy. It was first used in this disease by Dr. Laycock, in England, in 1853. Very soon after it was employed in France by Bazin, Hardy, and others. The medicine should be pure, free from iodine and chlorine. It is best given a few moments after eating, in doses varying from a half to three and a half drachms, and even more, a day, gradually increased. As the effects of the medicine vary in different persons, according to the age, constitution, strength, etc., I have been in the habit for a number of years of regulating the quantity by the sensibility of the epiglottis, as shown by introducing a spoon or spatula into the throat, the full effect of the salt upon the medulla not being manifested until anæsthesia of the fauces is accomplished; or, in other words, until the reflex nausea which is produced by touching the epiglottis is overcome. Certain other reflex phenomena, such as cough, lachrymation, sneezing, etc., indicate the effect of the medicine upon the medulla and cord. When the reflex nausea alluded to has been suppressed, the dose of the bromide is no longer to be increased, but should be perseveringly continued for several years, even when the disease is benefited or cured. After two years of marked improvement or of cure, the medicine need no longer be taken daily, but may be given every two or three or four

days, provided always that anæsthesia of the epiglottis is fully maintained. It is only after the lapse of a considerable number of years, during which epileptic phenomena have not manifested themselves, that the bromide can be altogether abandoned; and throughout the whole of this period it should be given uninterruptedly. It is a serious mistake to intermit it; a chronic disease requires a chronic remedy. The epileptic whom the bromide has relieved should continue almost to live on it. Certain therapeutic effects peculiar to the remedy incline me, when they are present, to augur favorably of its action in epilepsy; thus drowsiness, general languor, the early and ready disappearance of the reflex nausea, and the anti-anaphrodisiac effect are to be regarded as most encouraging phenomena. While, on the contrary, if the anti-anaphrodisiac, hypnotic, or sedative effect of the medicine is wanting, and the reflex nausea slow in disappearing, it may be assumed that the bromide is powerless for good, and recourse should be had to some other means. The bromide of potassium may be advantageously employed in every form of epilepsy, idiopathic and symptomatic; in epileptiform phenomena, even when occurring in the subjects of idiocy or cretinism; not that it is capable of curing all, but it benefits them, and for a reason which is entirely physiological: all convulsive phenomena of an epileptic character being produced by an exaltation of the excito-motor power of the medulla, the bromide almost invariably mitigates or calms if it does not altogether suspend this.

But while recommending the bromide in preference to other medicines for all convulsive affections of an epileptic character, I may remark that I consider it most beneficial in idiopathic epilepsy; in that due to extreme impressibility and exalted sensibility, or produced by vivid emotions, painful impressions, fear, onanism, venereal excesses, and finally where it arises from the hereditary neuroses, such as hysteria, chorea, and epilepsy itself; for although the bromide

does not always cure, it nevertheless almost always lessens the violence of the disease, and diminishes or altogether suppresses the nervous erethism and shocks so common in epileptics. The bromide of potassium often possesses the power of suppressing the aura, even when it does not completely subdue the seizure. It acts less favorably on the loss of consciousness and vertigo than on the fully developed attacks. Since I discovered this criterion of reflex nausea, the proportion of cases in which I have been able to suspend the epileptic phenomena has been greatly increased. In fact, while I reported in 1866 that I had checked the disease in one fourth of my cases, I now obtain this result among half the adults treated. Among children, on the other hand, the proportion scarcely reaches one fourth.

Pidoux and G. Sée contend that the bromide of potassium does not cure epilepsy, and that where it stops or retards the paroxysms, it is merely to replace them by preludes or incomplete seizures. This opinion, however, becomes untenable in view of the many well-attested cases of complete cure; and it is furthermore well known that the best evidence of improvement in epilepsy consists in the paroxysms being first converted into preludes and slight seizures, just as confirmed epilepsy is always preceded for a certain interval by them. So that an epileptic whose disease is reduced by treatment to mere preludes and incomplete seizures is justly regarded as in the way of final cure.

When the bromide of potassium is administered for some length of time, it will, unless certain precautions are taken, often be necessary to suspend its use. Diuretics require to be given regularly, in order to promote the urinary secretion, the elimination of the bromide by the kidneys, and prevent troublesome cutaneous eruptions. Iron should also be often given in conjunction with the bromide, to guard against anæmia, the cachexia which it eventually produces, along with certain other evils which supervene in persons who

use large quantities of the medicine for a great length of time. The bromide of potassium is generally less efficacious in children than adults, for the reason perhaps that epilepsy in the former is oftener than in the latter connected with congenital disorders of the nervous centers and cerebral lesions of a scrofulous or tuberculous character, or because, the drug being at this period of life eliminated with great rapidity, but little impression is made upon the cord, and the reflex phenomena are consequently difficult to control. To children from two to three years old the bromide should be given in doses of from ten to thirty grains; five to ten years, from forty to ninety grains at a dose; and from ten to fifteen years, in doses of from one to three and a half drachms. Bromism, which is frequently met with in children, and characterized by prostration, faintness, loss of appetite, and pulmonary catarrh, is never serious if the medicine be at once suspended. In adults, on the contrary, bromism manifests itself by the graver symptoms of pulmonary catarrh, along with the most intense adynamic and ataxic phenomena. The action of the bromide of sodium is similar to that of bromide of potassium. The dose is not so large.

When epilepsy is complicated with spinal pains, extending or not to the extremities, blisters along the vertebral column, the cautery, and moxa should be used. When it is accompanied by stupor, hebetude, permanent dilatation of one or both pupils, loss of memory, hallucinations, cerebral excitement, etc., great benefit is to be derived from repeated purgatives, continued vesication of the nuchæ, and the application of a permanent cautery. The extract of hasheesh, in doses of from a scruple to a drachm, yields the happiest results in cases where terrifying hallucinations precede the seizures and dispose to suicide. The above means should be employed conjointly with the bromide of potassium.

(TO BE CONTINUED.)

Reviews.

Transactions of the Indiana State Medical Society. Indianapolis, 1871.

Two hundred and fifty pages of beautiful typography and ingenious compilation. While the contributions contain but little that is entirely novel, all exhibit care and thought in the arrangement of facts and in the deductions therefrom. Its presence will afford much material for thought to any medical man.

Dr. R. N. Todd utilizes his address from the president's chair by appealing to the profession to fortify themselves, by a proper study of *legal medicine*, against the "quirks and quibbles" of the legal fraternity. It is a notorious fact that the dignified doctor of medicine rarely appears to advantage on the witness-stand, but is oftener a butt for the jibes of the minions of the law rather than an impressive expounder of scientific fact. Why? Simply because of the very prevalent ignorance of the relations between law and medicine. It behooves us to prepare for the awful hour, for no man knoweth when the subpœna cometh.

Dr. Theophilus Parvin's paper on "Placental Extraction and Expression," which has already appeared in this journal, contains suggestions which, acted upon, will save womankind from a sea of troubles. The writer has had opportunity within the last week of proving their usefulness in the management of a case of early abortion, with the dilating cut and tampon.

The subject of "Anæsthetics in Midwifery" is very ably considered in two papers by Dr. L. P. Yandell, of Louisville, and Dr. Dougan Clark, of Richmond, in which they echo the

growing advocacy for the use of chloroform, and appeal, in the name of mercy, to the profession to cast aside the stubborn prejudice which still dooms woman to torture in the face of twenty-five years of favorable experience.

Dr. Hobbs, of Carthage, in a paper on "Chloroform and Chloral in Puerperal Convulsions," collates important facts which indicate that the new anæsthetic promises well in all varieties of labor, since it entirely relieves pain without interfering in the least with uterine contractions. From one to three drachms, given in doses of fifteen grains every fifteen minutes, have been found sufficient to induce the desired result. If further experience proves fully its utility and safety, it must eventually supplant chloroform as an obstetric anæsthetic on account of the greater convenience in its use. The employment of this agent in eclampsia has produced most happy results, and the rapidly increasing records of experience in its use in such cases will probably soon rank it as the remedy *par excellence.*

In a report on the "Prevailing Diseases of the Seventh Congressional District," Dr. Adams advocates the use of very large doses of quinine in the treatment of the various malarial fevers—fifteen to thirty grains—to be given regardless of the remission or access, and rarely finds it needful to give more than two or three such doses before the fever succumbs. He considers it unnecessary to use a preparative cholagogue.

Dr. C. E. Wright, of Indianapolis, furnishes a report of a case of paralysis of accommodation from a blow on the cheek, resulting in cure.

Dr. Lomax's paper on the "Objects of the State Medical Society" is an admirable appeal for professional improvement through organization. Until the profession is composed entirely of true gentlemen as well as scholars, local societies can never flourish, particularly in the smaller towns, owing to the jealousies and bickerings of a certain class, who, forgetting the nobility of their calling, seem disposed to crush rather

than foster that kindly fraternal feeling that should actuate every follower of so grand a work. Association certainly would do much to overcome this disposition and beget co-operation, if each and all would be charitable in overlooking the defects inherent in human nature, and nothing is lost in urging the subject.

Dr. T. B. Harvey's paper on "Laceration of the Perineum" exhibits much research, and is an exhaustive consideration of the subject, presenting the experience of many eminent obstetricians and gynecologists beside his own. It seems to be a matter of little moment whether the perineum is supported in parturition or not. It is certainly desirable that a digit or two should be on the field as a sentinel in any event. Then if laceration is imminent, timely succor can be afforded by lateral incisions with the scissors. In a recent case occurring to the reviewer in which this operation was necessary, the lips of the wound were touched with pure carbolic acid, and lotions of the same on lint were applied to the vulva. In four days all swelling had vanished, and cicatrization was complete. The preferred plan of operation in cases of laceration, according to Dr. Harvey, is approximation by interrupted silver sutures after freshening the edges.

Dr. Kersey, of Richmond, presents an interesting clinical history of a case of muscular atrophy.

Dr. Duzan, in an article on "Nature and Disease," advances the theory that all disease is due to a disturbance of the *affinities* between the blood and the tissues, but does not afford any foundation for any special system of therapeutics. In reference to theories on this subject, Dr. Duzan appositely remarks that physicians, as well as others, are prone to

> "Wrap nonsense round
> With pomp and darkness till it seems profound."

This paper is worthy of a careful perusal, if only for its admirable rhetoric.

Dr. Haughton's paper on "The Nervous System in Disease" calls attention to various modifications of innervation, and the part which they bear in the production of pathological conditions. Dr. H. considers these abnormal nervous influences to be the prime causes of all diseases, inflammatory and otherwise; and that remedies which benefit do so by restoring the normal relation of the nervous system to the tissues. His deductions from facts are very rational.

Dr. Elstun, in a paper on "Bromide of Potassium," is disposed to tear this agent from its throne, and force it into a very low station. He says it is of some use in modifying epilepsy, but very rarely ever cures; that it relieves only a very few cases of nervous headache, and is of little utility in mania. We are constrained to say that medical men in general have had better luck; for, if we may believe reports, they have been able to *cure* very many cases of epilepsy, and to relieve nervous headaches by the thousand, with bromide of potassium.

Dr. Ayres presents a lengthy paper on "Onanism in Children."

Dr. Kemper's paper on "Ex-ophthalmic Goitre," with a long series of tabulated cases, is elaborate and valuable. He makes no selection from the many views which have been advanced on its pathology, but details those of Trousseau, Stokes, Niemeyer, and others. Arterial sedatives, such as digitalis and veratrum viride, are given the first rank in its *materia therapeutica;* after these, tonics, etc. Iodine has been worse than useless. The constant galvanic current applied to the sympathetic nerve has wrought some rapid cures.

Dr. Stevens's paper on "Criminal Insanity" offers some excellent suggestions on the medical and legal management of cases. A very important one is that the state should establish a paid commission of medical experts, upon whose evidence only the court should decide as to the mental "responsibility" of the accused.

Dr. Hibberd's article on "The Progress of Medicine" is an amusing abstraction, giving pleasing variety to this very solid volume.

The Transactions conclude with a biographical sketch of the late Dr. John S. Bobbs. It is a most eloquent eulogium upon the honored dead. J. G. R.

Transactions of the Kentucky State Medical Society. 66 pages, 8vo. 1871.

Medical Education in America. By HENRY J. BIGELOW, M. D. Cambridge. 86 pages, 8vo. 1871.

The committee of publication apologize for the meagerness of this volume of transactions of the Kentucky State Medical Society. The matter at their disposal, they inform us, was ample, but the funds necessary to publish it were not in the treasury. The committee deserve credit for the very handsome style in which they have brought out this *brochure*. It is beautifully printed by Davidson Brothers & Co., on fine paper, and does credit to the typographical art of our city.

In the excellent valedictory address of Dr. W. A. Atchison, the retiring president of the Society, allusion is made to the indifference of its members, by which the treasury has been brought to its present deplorable condition, and the profession of Kentucky is eloquently appealed to in behalf of the Society. These earnest words of the president we hope will not be in vain; and we will hope, though against hope, that the framers of our laws will give heed to his wise suggestions concerning registration, the legalizing of dissections, and requiring druggists to obtain licenses before prescribing for the sick. The address abounds in excellent thoughts, expressed in forcible, correct language. The author will gain reputation by this happy effort, and the profession will look with interest for other productions of

his pen, which he is qualified to use so profitably upon subjects relating to the profession.

The only articles in this volume pertaining to practical medicine are one on *gynecology*, by Dr. George Syng Bryant, and one on *trachoma*, by Dr. J. Hale. Dr. Bryant's paper is principally taken up with a description of the female pelvis and its contents. He offers some judicious remarks on the subject of displacements of the uterus. He condemns Simpson's pessary, and where one must be used gives the preference to Hodge's above all others.

Dr. Hale regards trachoma as the result generally of purulent ophthalmia, and with Stellwag considers the disease under the four varieties of pure granular, papillary, mixed, and diffused trachoma, for which he lays down the appropriate treatment. The author is eminently a practical man, and his contributions to medicine are always read with interest, as from a physician familiar with disease.

The only remaining paper in the volume is an elaborate and learned address, by Dr. John D. Jackson, on *medical office pupilage*. Dr. Jackson is one of the most faithful members of the Kentucky Medical Society. He is always in his place, if it is possible to be there, and always performs the work assigned him. Opposite to his name, when on a committee, are never found the words "no report." He is wedded to his profession and the State Medical Society, and acts upon the aphorism, which he is fond of quoting, from Seneca: "*Longum iter est per præcepta; breve et efficace per exempla.*" His is an example of professional industry which can not be too highly commended. We are not prepared to adopt all the views advanced in his address in reference to medical education; but this subject is one upon which the opinions of men differ about as widely as their faces, and it will not therefore disturb him to learn that some of his doctrines meet with opposition. We differ with him *toto cælo* about his first proposition, "that the med-

ical times are sadly out of joint, and that a great *reform* is needed." In fact, we deny his premises altogether. We hold, on the contrary, that no medical times were ever so wise, so beneficent, so fruitful, so full of good auguries as our own "ignorant present time;" and if we had leisure to argue the point with him at full length, we believe we could convince him of the correctness of our position. Medicine and medical education, we acknowledge, are not all that they ought to be—not all that we hope to see them; but what they need is development, progress, not reform.

We profess ourselves great admirers of learning. If we have ever in our lives been moved to idolatry by men, it has been in the persons of great scholars; and few things, we confess, still delight us more than to meet with men of high scholarly attainments. But we can not go all the length of Dr. Jackson in his estimate of the necessity for classical learning as a part of the preliminary education of medical students. We would not shut the doors of our medical colleges to students because they had not "a little knowledge of Latin or a slight smattering of Greek." We should indeed be glad to find them possessed of a good deal more than a smattering of these fine languages; but we should not despair of their success as practitioners were their linguistic attainments limited to an acquaintance with their mother-tongue, and would be only too happy to find them as a body capable of writing it correctly.

Dr. Jackson, having stated what he and many other able men with him would require in medical students, goes on to say: "But there have been other some who have decried all learning and scouted everything beyond *hard sense*, referring to Hunter and Drake as illustrations; indeed, have gone a step beyond this, and seemed to think that the successful practice of medicine was more a matter of instinct than reason; that as 'the woodpecker tappeth the hollow beech tree' and instinctively findeth the nidus of the worm, so may

a doctor by his instinct tap his patient's hollow chest and find the tubercle."

It has never been our fortune to meet with the "other some" here referred to by Dr. Jackson, who scout as requisites of a physician everything beyond "hard sense," and hold that success in the practice of medicine "depends upon instinct;" and should it ever be our lot to encounter the party we shall certainly not waste any words in controverting with them opinions so absurd. If "reading and writing come by nature," as good Dogberry affirmed, most assuredly medical knowledge does not. The woodpecker, it is true, does know infallibly, and without teaching, that the tree is hollow by tapping it, but the physician must learn the state of his patient's lungs as the woodman learns whether the tree is hollow or not, and as the boy learns whether or not the watermelon is ripe—by observation and practice. The boy and the woodman get their knowledge easily by thumping a few melons and striking the axe against a few trees. The student of physical diagnosis, having a much more difficult problem, learns the art of percussion more slowly; but we are at a loss to perceive how classical or mathemathical learning would give him any aid in distinguishing the sounds of the chest; and we respectfully submit to Dr. Jackson whether, in his opinion, a student, under a competent instructor, with plenty of subjects, and a fair quota of "hard sense," might not by practice become skillful in physical diagnosis without even a *smattering* of Latin and Greek, or any acquaintance at all with mathematics or acoustics?

Dr. Jackson makes copious extracts from an address of Dr. Drake's, insisting upon a classical and mathematical education for students of medicine, and then indulges in the following singular style of remark: "To quote a man who had written thus in behalf of a high standard of preliminary education as an advocate and example of the futility of anything like a high order of learning in medicine must

have required great boldness. We could not have summoned courage to *have* done so, we confess, fearing lest the bones of Drake should *have* turned in their resting-place, and his ghost *have* revisited the earth to *have* haunted our midnight pillow!" (The italics are ours.)

And yet the doctor might have done so without the least danger of having his midnight pillow haunted by frightful visions. Dr. Drake was not a classical scholar, and never pretended to be, and if he had any knowledge of the mathematics it was very limited; but during most of his life he did contend strenuously for these attainments as important to students of medicine. Like his great preceptor, Dr. Caldwell, however, it must be told that he lived long enough to change his opinions on this subject. In 1847, while a professor in the University of Louisville, he took ground precisely opposite to that which he had once maintained with so much earnestness. The Medical Convention which formed the American Medical Association was about to meet in Philadelphia, at which medical education was expected to form a leading subject of discussion. At the instance of Dr. Drake a committee was appointed by the medical faculty to draw up a paper setting forth the views of the school in reference especially to lengthening the sessions and the preparatory education to be required of students. He was chairman of that committee, and having given much consideration to the questions, wrote a report, marked by his accustomed ability, in which he declared that "Latin, Greek, and mathematics ought not to be required as a part of the preliminary education of students of medicine."

Dr. Drake may therefore be very appropriately quoted not only as an example of great eminence attained in his profession without these acquisitions, but as an instance of one who, having long insisted upon them, came at last to believe that they were not a necessary preparation for the study of medicine. Dr. Jackson's views may experience the same

revolution. In process of time he will very probably give up most of his present theories about medical education. He belongs to the class of candid seekers after truth whose minds are accessible to evidence, and therefore most likely to surrender antiquated opinions.

Dr. Bigelow's address is one of the most sensible and practical of all the discourses which have yet appeared on this most prolific theme, but we shall be obliged to limit ourselves to a brief notice of a few of the points in which it differs from most of the current literature on medical education in America. And first of all, Dr. Bigelow insists upon good judgment in the medical practitioner as far above "great learning." An outlook upon kindred arts and sciences will help him; "but let us think carefully," he says, "before exacting from adult students collateral acquisitions which in practice they do not need, and actually do forget." We have two classes of the profession in America, as in all other countries—one, a large class, "which does the daily work of medical attendance only;" the other, a very small one, which may be expected to contribute something to the development of medical knowledge. Every practitioner claiming to be qualified must be acquainted with therapeutic principles and details. "He should know how to treat, and of course how to identify, all common injuries and diseases, so that health shall be re-established in the shortest time, whether by interference or by a resolute refusal to interfere. And you are to provide fifty such plain and competent men for one who knows more." A medical school should aim first "to give a plain, sound, solid education;" and Dr. Bigelow adds that with the material the schools have to deal with they can not do better than this. In fact, he continues, they need not do better. If they supply the country with men fully competent in all common medical matters, thoroughly imbued with sound therapeutics, and free from "the prejudice, error, and deception bequeathed

by earlier art," they will have met the requirements of the community.

Dr. Bigelow says: "While abroad recently I visited, in consultation with a distinguished foreign practitioner, an American child fatally affected with diphtheria, whom he was treating with continued small doses of copaiba, which produced an obviously prostrating though unintended catharsis. His argument was that the child was likely to die, that the friends required that something should be done, and that somebody had recently reported a number of cases, all terminating favorably, under this treatment. I said to myself: "How much safer this child would have been in the hands of an average Massachusetts physician, who would have kept steadily in view the importance of economizing and supporting its strength! What this learned and distinguished medical philosopher lacked was judgment."

Dr. Bigelow admits that it "would be desirable to raise the average level of medical acquirement, skill, and capacity the world over;" but the question is, "What measures will best promote a better education?" If, as Prof. Huxley has well remarked, "we attempt to go too far ahead of the community, we may be left too far behind." The profession is moving, we believe, "in the direction in which thought is moving"—in the direction of a public opinion that, while it would "open to the medical student a most liberal scientific opportunity," would "insist upon a competency strictly medical." The movement must necessarily be slow, but that it is going on no one acquainted with the history of medicine since the beginning of our century can doubt. We think there is much unjust complaint about the low standard of medical education; and from the following extract, with which we close our notice of this interesting address, Dr. Bigelow seems to be of the same opinion. He says: "The popular and specious cry for raising the standard of medical education comes oftener from those who know little of its difficulties;

and it is notorious that those who clamor loudest accomplish least."

Restorative Medicine: An annual Harvein Oration. By THOS. KING CHAMBERS, M. D., etc., with two sequels. Philadelphia: Henry C. Lea. 1871.

This little book is a novelty in medical literature, not on account of the originality of its matter, though in that respect it would arrest attention, but from the peculiar circumstances under which it comes before the world. It was written by an Englishman in England, but printed and published first in America. *Tempora mutantur, et nos mutamur cum illis.* Times are indeed changed as to the old mother-country and ourselves when Sayre, a Kentuckian bred and educated, lectures in London, and Chambers addresses himself first and foremost to his "bands of relations across the Atlantic." Let us hope that these things, small in themselves, but significant, like straws upon the water, indicate the beginning of an era of mutual "love and affection" between the physicians of the two countries, such as it was the purpose of Harvey to promote among his brethren in Europe by providing for this annual oration. The oration for the present year marks a great change in another respect. For more than two hundred years the Harveian oration was delivered in Latin, according to Harvey's wishes, as expressed in his deed of gift, that being in his day the language of the "brotherhood of science" in all countries. Dr. Chambers has broken through the pedantic custom, and spoken before the London College of Physicians, and to the profession in America, in a tongue which he thinks is likely to become a universal one, and which, at all events, "recalls the fact of blood being thicker than water."

Dr. Chambers, in his beautiful oration, reviews the contemporary progress of therapeutics now passing, as all can

see, through a trying crisis. Medicine, he truthfully remarks, is entering upon "a biological phase;" is influenced more and more every day by the idea of disease, "which paints it as a mode of living, as an imperfect form of undeveloped vitality, as a loss of something present in health;" and not as an excess of some constituent of the body, or something added to it which must be reduced or counteracted. The cures by contraries, by neutralization, by counter-irritation, by elimination, are not to be called in question. The history of practical medicine is made up of an account of these methods. It is in one or the other of these directions that the laborers have sought to advance our therapeutics. The new conception of disease entertained by Dr. Chambers is that it "is something less, not something more, than life." And, according to this theory, the aim of treatment is to retain, to restore, to develop into fuller life those identical morbid substances and processes which have hitherto been uniformly condemned to expulsion. Cod-liver oil, the hypophosphites, the phosphates, ox-gall, and pepsine have come recently into such general use upon this theory, their aim being to construct a basis of new cell-growth. The surgeon acts upon the same principle of restoration, applying collodion or some other impermeable substance to the wounded skin, to shield the inside tissues, instead of "dressing," as was the old fashion, by which air was let in to irritate and cause suppuration.

Going beyond materia medica into pharmacy, we find a similar change. The drugs now devised are not eliminatives, but constructives. Dr. C. conjectures that "alteratives" act upon this principle, and he refers the iodides and bromides to this class. These drugs eliminate nothing in moderate doses; they exert no tonic action, and their effects resemble no efforts of nature during sickness. "Their sole effect in medicinal doses seems to be cure. Either nothing happens, or certain failing functions are restored to health without any morbid tissue being destroyed."

The diseases in which the iodides and bromides have been successfully used are very various — syphilis, aneurism, gout, epilepsy, neuralgia, headache, ague, hysteria, lead-poison, and acute hydrocephalus. Wherein lies the kinship between maladies so unlike in character? Dr. Chambers makes a suggestion which has great plausibility in it. These affections, he believes, are related to one another "in virtue of an imperfect vitality of the white fibrous tissues with which bones and trunk nerves are sheathed." If the disease is connected with these tissues, these remedies are efficacious; if their seat is elsewhere, they are ineffectual.

But we can not pursue the subject further. We must refer the reader to the charming little volume itself for a full discussion of views at which we have had room only to glance, and shall close our notice of it with the concluding words of this most graceful oration:

"I have sometimes been asked how it is that medical men seldom retire; and I say that their harness is their uniform, their decoration, their chiefest reward, and that they lay it aside only at the bidding of their Commander-in-chief. When I was in Italy some years ago on a holiday tour, enforced by a surgical operation, I hesitated whether I should not lengthen my holiday to the end of my life, aud leave the race to the swift and the battle to the strong. 'Were it not better done, as others use, to sport with Amaryllis in the shade, or with the tangles of Neæra's hair.' In visiting Pompeii, I stopped more than once at a sentry-box by the sea-gate, where there were found the skeleton and arms of a Roman legionary set on guard eighteen hundred years ago. That nameless sentry, I thought, ignorant, sensual heathen, whose bones lie mouldering among the debris of brothels of unmentionable atrocity and filthy wine-shops, will yet to the resurrection call answer, '*Adsum domine!*' from a vantage-ground of dignity second to none in the universe, at his post, waiting for orders to leave. And so I turned and came home."

Clinic of the Month.

HYPOSULPHITE OF SODA IN VARIOLA.—W. A. Corwin, M. D., Assistant Surgeon United States Navy, reports, in the Medical Record, having administered hyposulphite of soda in twelve cases of small-pox of all degrees of severity. He gave the remedy in the premonitory fever *only*, discontinuing its use when the eruption was fully developed, and substituting a supporting treatment. He claims that the effects of the drug are manifest after the first dose, and are alterative, mildly hypnotic, and laxative; its administration being followed by a subsidence of the fever, a tardy or incomplete development of the eruption, and relaxation of the bowels with watery stools.

CHOLERA.—We select a few current opinions on this great subject, and one or two from authors who are no longer living.

The late Dr. Graves considered that a grain of opium, combined with a scruple of the acetate of lead, and made into twelve pills, one of which should be taken every half hour, the best remedy to check the rice-water stools and gastric discharges in cases of cholera.

Dr. George Johnson maintains that an abundant imbibition of pure cold water in cholera cases of all forms, and in all the stages of that disease, is quite applicable "to flush the intestinal sewer, and wash out the poisonous discharges." This simple remedy will suffice in many cases. The way to lessen the distension of the bowels and remove accumulations is to give a quickly-acting and an unirritating medicine. Castor-oil is the best remedy for the purpose; and the way and the

time to give opium, if at all given, is in small doses, to soothe the bowel after the expulsion of poisonous secretions. He considers opiates decidedly injurious if given in the early stages of diarrhea and cholera.

Dr. R. Martin, of Manchester, considers intemperance to be a powerful predisposing cause of cholera, and that the poisonous effects of alcoholic liquors favor the development of zymotic agents. His paper, read at Plymouth, appears *extenso* in the new number of the Medical Temperance Journal.

In reference to the pathology of Indian cholera, says Dr. Lownds (Lancet), it kills in two ways: 1. In cases where there is little or no vomiting nor purging, the blood is so devitalized or destroyed that death takes place in three or four hours, without any but the collapse stage being manifested. 2. In cases of the ordinary type, in which the first manifestations are *malaise*, qualms, followed by purging and evacuation of the stomach. Recovery frequently follows this form of the disease; but in a majority of cases of purging and vomiting true choleraic rice-water discharges are followed by collapse, when the patient either succumbs or reäction takes place. In the first cases medical treatment has proved abortive. In cases of the second form of the disease Dr. Lownds always found the stomach and bowels so completely emptied of their contents that the patients were quite prepared for the administration of a draught containing a stimulant antispasmodic, combined with opium. This consisted of ten or fifteen drops of chloroform, with the same or a greater amount of laudanum, dissolved in three or four drachms of brandy or arrack, and given in water, or preferably in an effervescing draught. As a general rule, a single dose was sufficient to control the diarrhea. The dose might be repeated, if necessary, every two hours; but Dr. Lownds has not the slightest doubt that any stimulating sedative would act as well, and experience in India of various remedies has proved this. In

the second stage of the disease opiates are sparingly used; a dose or two of calomel is given, and sinapisms are applied to the abdomen. A drink, containing one drachm of potass chlorate, with eight or ten drops of strong muriatic acid, and one or two drachms of dilute nitric acid, to twenty-four ounces of water, is administered in one or two-ounce doses. So soon as the rice-water discharges appeared, two ounces of Liebig's cold soup doses were ordered. In the third stage of the disease, or that of collapse, all medicine, unless cold soup and the chlorate-of-potass drink, was discontinued. In the fourth stage, or that of reäction, the treatment must be guided by general principles.

"After all I have seen, heard, read, and thought on the matter," says Sir Thomas Watson, "I must confess that in the event of my having again to deal with cholera I should feel bound to adopt, in its generality, the evacuant theory and practice, and to avoid alcoholic stimulants and opiates."

"The purgative treatment of cholera has failed in India," says Mr. Sedgwick, "and is now very generally condemned. The mortality at the King's College Hospital, and in the 'castor-oil alone' treatment was during the last epidemic sixty-two per cent." He recommends the internal administration of half-drachm doses of dilute phosphoric acid, combined with syrup of orange and ice-water.

In the cases treated by Dr. Edmunds, he prescribed a mixture composed of half an ounce of dilute sulphuric acid and an ounce of liquor chloroform, thirty drops being administered in water every quarter of an hour. He considers it essentially necessary in the treatment of cholera to maintain the warmth of the body by proper clothing; to economize the muscular power of the patient by keeping her in bed; to promote the circulation by rubbing the limbs carefully, and not to remove the skin; to restrain the rapid current of fluid from the blood into the intestinal canal; to relieve the cramps and prevent exhaustion by chloroform, and not to administer

food while vomiting continues. "In 1849," Dr. Edmunds continues, "I saw much of the epidemic in Whitechapel. In 1853 I was sent by the board of health to Newcastle, and had charge of that filthy district, called Sandgate, where one thousand were killed by cholera in eleven days. I performed similar duties in Dundee, and some years subsequently I had charge of cholera wards at Whitechapel."

Dr. Chapman believes that the symptoms of cholera may be produced by the application of heat to the spinal column; and that conversely the application of cold, by means of the spinal ice-bag, is able to control the disease.

"By the term 'Asiatic cholera' should be understood a disease depending on a specific morbid poison, liable to be communicated from one person to another," says Dr. Kelley, in the British Medical Journal; "but there is no evidence of any poison in cases of ordinary autumnal diarrhea. A main cause seems to be an unduly relaxed condition of the mucous membrane of the alimentary canal in hot weather, so that error of diet produces an increased flow from the bowels. The treatment in the mildest forms of diarrhea consists of castor-oil, taken at bed-time. In severe cases, where there is much vomiting, iced water and iced milk are very useful; and if pain or cramps set in hot flannels will be of much service, followed by a mild aperient, and afterward by a stomachic mixture."

Dr. Fincham (British Medical Journal) believes the main cause of autumnal diarrhea due to a high temperature. It overstimulates the liver, hence the secretion of an undue amount of bile, which acts as an irritant on the stomach and bowels; hence vomiting and purging. When the patient is seen in the onset of the malady, he recommends three grains of calomel and half a grain of opium, followed by the old-fashioned rhubarb draught, and be repeated, if necessary; and should the diarrhea continue, bismuth, soda, and laudanum in draught, three times a day, will be sufficient to effect

a cure. The bismuth, etc., should be given at once in cases where the purging has lasted some time before medical aid. In cases of Asiatic-cholera collapse, Dr. Fincham considers opiates and stimulants valueless, but recommends copious draughts of iced water, a solution of chlorate of potass, in the proportion of two drachms to half a pint of water, given in two-ounce doses every hour or two, and Liebig's extract of beef, as suggested by Dr. Lownds. Hot baths are useless; but hot poultices over the kidneys, so as to promote the healthy function, are recommended.

"In Asiatic cholera the nervous shock is severe, and collapse quickly produced," says Dr. Habershon (British Medical Journal). "In a few hours, even without diarrhea, a patient may be in a state of hopeless collapse. Not only does the function of the liver become checked, but the entire vaso-motor nerves receive a sudden arrest. If there be *preliminary* diarrhea, it is judicious to check it; but vomiting and purging are not relieved by opiates and astringents in the cold stage of the disease. Castor-oil in this stage can only be recommended as being less injurious than opium and ardent spirits. Calomel and cold-water treatments appear to be equally effective, and saline medicines, camphorated stimulants, and castor-oil have statistical returns of nearly equal value."

"Since pathology has not yet enabled us to frame a rational system of treatment for Asiatic cholera," says Dr. Nunneley (British Medical Journal), "we are limited to the tradition of experience, and to the treatment on general principles, such as checking excessive evacuations and supporting the patient's powers. Though diarrhea never becomes either cholera or typhoid fever, it renders the subject of it especially susceptible to those contagions; and the treatment of it in all its forms, slight or severe, should be directed to the suppression of that condition which is common to all—viz., an increased and altered discharge and nervous depression. This applies to

cases where some 'peccant' matter lies in the intestines, and when an aperient for its removal may be necessary; but the irritant is far better got rid of in the form of solid stools, and unattended by prostration, than by purging; and this end is promoted rather than retarded by moderate doses of opium, with some astringents. A useful formula is: Mist. cretæ, oz. j; tinct. catechu., dr. j; spiritus chloroform, gtt. xv; tinct. opii., gtt. iv–x, given every four hours; or acid sulphur dil., gtt. x–xx; spiritus chloroform, gtt. xv; tinct. opii, gtt. iv–x; aqua, oz. j; but the dysenteric diarrhea of children yields readily to castor-oil, in doses of from five to ten drops, with a few grains of sugar or gum arabic, to which, in severe cases, from one sixth to half a minim of opium may be added."

Dr. S. C. Townshend, sanitary commissioner, Nagpore, arrives at the following conclusions in his "Report on the Cholera Epidemic of 1868 in the Central Provinces:" 1. That for the production of cholera two conditions are necessary—the presence of a special contagion, and a susceptibility to its influence on the part of the person to whom the contagion is applied. 2. That with respect to the origin of the epidemic of 1868, the evidence is in favor of the contagion having been brought from elsewhere, rather than that it was generated in the localities where the disease first broke out. 3. That the subsequent diffusion of the contagion was effected solely by means of human intercourse. 4. That a high temperature and extreme dryness are no obstacles to the diffusion of the contagion. 5. That with respect to the general population of the country the imbibition of water containing animal organic impurities is the most common means by which personal susceptibility to the effects of the contagion is induced.

The late Dr. William Stevens, D. C. L., considered there was a great analogy between cholera and yellow fever, of which he had seen many epidemics. Having found the saline treatment most efficacious in yellow fever, he tried it in cholera, and the statistics he published are most favorable.

Dr. Stevens found the blood in cholera was deprived of its saline constituents, and these it was his object to supply. He thought that the electric condition of the salts had a great influence; but whatever his theoretical views, his practice was to give salines, and his success was very remarkable. The object of supplying the blood with its lost saline ingredients, as well as water, was more directly carried out by the injection into the veins, which has been tried with such remarkable results. The London Hospital was the sphere of this trial in the last and former epidemics, and a fund of information respecting venous injections will be found in the London Hospital Reports.

A writer in *El Pabellon Médico* maintains that opium is as successful in cholera as quinine is in ague, and that it should be given in doses proportioned to the gravity of the case. He therefore has recourse to full doses of opium frequently repeated. The following formula for cholera pills is that of M. Bourgone: Tannate of quinia, 1 gramme; powdered opium, 5 centigrs.; essence of aniseed, 2 drops; simple syrup, to make 10 pills, which may be taken in the course of one or two hours.

Mr. G. Foote, of Hereford, relates a case of sporadic cholera, in the last number of the British Medical Journal, in which the only medicine he gave was a mixture of rhubarb and magnesia every two hours. He also used strong turpentine fomentations, and these the patient declared saved his life, for on their application he "felt as if a weight was lifted off his chest."

Dr. Carpenter, of Croydon, writes of "quasi-cholera," and observes that during an epidemic a hasty diagnosis may do much mischief. He has met with two instances in which the deaths were registered as due to cholera, but which were in his opinion caused by embolism.

Prof. Rolleston published a remarkable letter to show that cholera may appear in an epidemic form under circumstances

which preclude all possibility of the virus being communicated through water. In a sort of valley on the Madras and Bangalore roads the disease broke out when troops spent a night there, but were under orders to take fresh water with them, and on no account to drink any from the locality. (The Doctor.)

Raw Cotton as a Surgical Dressing.—The surgical novelty of the day in Paris is M. Alphonse Guérin's new plan of dressing wounds. It consists in introducing a quantity of cotton-wool into the stump immediately after amputation, or on any wound whatever, surgical or accidental. The amputated limb, to take this case, is then wrapped round and round with cotton-wool, quite dry and alone; a bandage is then applied, and that is all. The bandage is pressed a little tighter on following days, if necessary, so that there may be a mild compression; but the dressing remains undisturbed till the twentieth or twenty-fifth day, when, on removing the packet of wadding, a glassful of pus is found within the folds of the cotton, and the wound is discovered quite healed. M. Guérin, amid the extraordinary mortality which has attended all the amputations done since the beginning of the German siege, has already obtained by this means six successful cases of amputation of the thigh out of nine, while all his amputations of the leg are doing well. This has created quite a sensation here in the surgical wards of the hospitals, and Prof. Gosselin, of La Charité, and M. Guyon, of Necker, are already experimenting with this method of their colleague of St. Louis. (Lancet.)

Drainage in Gun-shot Wounds.—In an article in the *Lyon Medical* by Dr. Christôt, and founded on twenty-five cases, he says: "In ten serious wounds of soft parts, inflicted by fire-arms in the late war, treated by drainage, nine were very successful, and in the tenth it was not resorted to early

enough. In three cases of diffuse periarthritis the joints (one knee, two elbows) were preserved by drainage. In three cases of violent injury to the knee-joint it was useless. It gave good results in four cases of wounds of the extremities in which the bones were much injured."

Dr. Christôt concludes that drainage is a most valuable surgical procedure in gun-shot wounds of soft parts, which are complicated with diffuse inflammation and extensive suppuration. By the free exit secured, it prevents or arrests septicæmia, and he regards it as essential in those cases in which foreign bodies have remained long in the wound. By limiting inflammation in diffuse suppurative periarthritis, it often saves the threatened joint, and should be resorted to as early as possible. In deeper gun-shot wounds, where the bones or joints are involved, drainage is to be employed only very cautiously, as it is not able to influence the formidable results of injuries to the joints, and has no effect where the shafts of the bones are involved. When a larger medullary canal (femur, humerus, or tibia) is opened, drainage seems to be dangerous; but in injuries involving the bones of the hand, wrist, or ankle it is very useful. *(Ibid.)*

The Treatment of Chancrous Buboes. — Dr. Ed. De Smet *(Press. Méd. Belge)* refers to the views of Dr. Kraus with respect to the treatment of chancrous buboes, which affections are treated by Dr. Kraus, of Vienna, by repose in bed, avoidance of cautery of the chancre, iodine paint, and cold at first; afterward followed by small punctures at the periphery of the tumor, and pressure by means of a leaden plate. Dr. K. thinks this treatment much superior to the plan of large incisions, which leave such ugly scars and a tendency to hernia. These views of Kraus are not adopted by Dr. De Smet, who indeed thinks that such treatment would often fail to cure, or rather aggravate, such buboes. In chancrous buboes, he says, punctures are not sufficient; incision is quite

obligatory. All buboes which accompany chancres are not chancrous buboes; but when they are it is the practice of Dr. Thiry to make a puncture of the bubo if recent, or a large incision if it is considerable. When the pus is evacuated, and the purulent focus cleansed, a deep cauterization is employed, either with a strong solution of nitrate of silver or with acid nitrate of mercury. After this frictions are made over the bubo with mercurial ointment, or the cavity is filled with lint dipped in aromatic wine, and compression kept up by the spica bandage.

CALABAR-BEAN IN TETANUS.—Dr. Franzolini *(Gaz. Med. Ital. Pro. Ven.)* says that he was a great believer in the use of hypodermic injections in tetanus, using Calabar-bean; but has become convinced that he was too sanguine in his views in the case of a patient in his hospital with tetanus, caused by the penetration of a splinter of wood into her left foot. After removing the fragment from the foot on the 16th of July, Dr. Franzolini made an injection of tincture of Calabar-bean in the nape of the neck. The pulse was 84, temperature 38.8, and respirations 22. On July 18th, pulse 96, temperature 38.5, respirations 28. The injections were continued, thirty drops being injected, every twelve drops containing five centigrammes of the bean. In the first twenty-four hours one hundred and thirty drops of the simple tincture of the Calabar-bean were injected. The patient succumbed.

THE TREATMENT OF INFANTILE SYPHILIS.—In *Schmidt's Jahrbuch* Dr. Steiner says that of all known remedies mercury makes syphilitic skin affections disappear most rapidly and certainly, although it does not cure the disease itself. Mercury does not prevent relapses. Calomel, used externally and internally, is the preparation most suitable for infants. As the principal result of his experience on the treatment of infantile syphilis with iodine, the author mentions that

this remedy makes the symptoms of the disease disappear, but neither so rapidly nor so certainly as mercury does; that the relapses are also not prevented by this remedy; and that the continued use of iodine, besides the evils it produces on general nutrition, produces more or less frequently symptoms of iodism. If we have to choose between the treatment by mercury and iodine, says Dr. Steiner, our judgment should naturally be more favorable to mercury. The treatment of hereditary syphilis by the natural powers of the system—*i. e.*, without either mercury or iodine—is much less favorable than these methods, especially in what concerns the security and rapidity with which the syphilitic symptoms disappear.

PITTING FROM SMALL-POX.—Among the many means used to prevent the disfigurement resulting from variola, Dr. Rendle writes to the Practitioner that he has recently used carded cotton with excellent results in two cases in which the disease was of the distinct form. He applied the cotton as follows: On the first appearance of the eruption, patches of skin about an inch square were washed over with collodion, and immediately covered with a thin, uniform layer of fine cotton-wool. The wool readily adheres if applied before the ether of the collodion evaporates. When the whole of the face, etc., was thus covered, the wool was brushed over with a solution of starch or gum. The starch or gum was occasionally reäpplied to the edges of the wool to prevent any shifting by the movements of the face. This covering was kept on until the dry crusts fell off the other parts of the body.

Dr. Scott writes to the Edinburgh Medical Journal that he has seen the most beneficial effects in a number of cases from carbolic acid, used in the following manner: From the first appearance of the eruption until the completion of desquamation the face was kept constantly moist with the solution of the acid in olive-oil, one to eight. The results have been most satisfactory in all the cases treated, several of

which were of the confluent type. Not one has, on recovery, presented the slightest trace of disfiguration. The application, moreover, was most grateful to the patient's feelings, allaying the itching and irritation, and preventing the desire to scratch off the scabs, which is so annoying to the sufferers in the later stages of the disease. Dr. Scott also recommends the acid, applied in the above-described way, in the case of gunpowder burning; and thinks that here the remedy, in addition to its antiseptic and anæsthetic properties, appears to have the effect of dissolving the carbon and of withdrawing it from the skin. A young gentleman was so disfigured by the ignition of gunpowder as to present the appearance of a negro, his face being blackened, his lips swollen and everted, eyelids closed, hair and beard much singed, intense intolerance of light, and profuse lachrymation, with great suffering. The application of the carbolic acid and oil was followed by instant relief, and the oil, becoming more fluid from the heat of the skin, ran over the skin with the appearance of thick ink. The result of this treatment was that on recovery, which was rapid, there was not the slightest discoloration of the skin, and the face in a very short time presented its natural appearance.

Turpentine as a Parasiticide.—Professor V. Erlach, of Berul, recommends tupentine as a means of destroying parasites, which are the cause of certain diseases of the hairy scalp. Kuchenmeister recommends alcohol, which retards or arrests the development of spores and fungi. Experiment has, however, shown that the action of alcohol does not extend to those fungi which develop in the follicles of the hair. Tincture of iodine acts better than alcohol; yet even in favorable cases it is requisite to continue the use of the remedy for at least three months. V. Erlach applies turpentine with a brush to the parts affected, and states that it acts better, more surely, and more rapidly than any other means he has tried. He

states that he has cured a case of herpes tonsurans in seven weeks, and several cases of mentagra in a week. (*Journal de Médicine*—Practitioner.)

KOUMISS.—The use of koumiss may be regarded as a variety of "the milk cure." Koumiss is prepared by the fermentation of mare's milk. It is a sweetish, acidulous-tasting liquid, which can be taken in large quantities much more easily than other forms of milk. It is the chief diet of a hardy race on the steppes of Russia, near the lake of Baikal, where it is said consumption is unknown. This exemption from a dire disease attracted the attention of the Russian faculty and of the government. Establishments for the koumiss cure were opened in other parts, and a knowledge of the method of treatment is spreading over Europe. (The Doctor.)

[A koumiss has been prepared in London from cow's milk, the counterpart of that made from mare's milk.—EDS. AM. PRAC.]

TREATMENT OF FOOTSORENESS.—With a view of obviating the ineffectiveness resulting from soldiers getting their feet blistered by marching, Inspector-general Lawson has directed that medical officers are to apply to their commanding officers to have every man suffering in this manner taken at evening parade to the medical officer, who should cause him to wash his feet, and then to pass a needle with a worsted thread through each blister, cutting off the thread a little distance outside the blister at each side, and leaving a portion in it. The part is then to be rubbed with common soap, the sock put on and wetted over all prominent points, and the soap again rubbed over them freely. When properly attended to no man should be unable to march the following day on account of blistered feet, unless the cuticle has actually been removed, leaving a raw surface exposed. (Lancet.)

Chloral in Toothache. — Dr. Page, in a letter to the British Medical Journal, states that for some time past he has employed chloral hydrate, not only as an internal sedative in dental neuralgia and caries, but also as a local application to a carious tooth. A few grains of the solid hydrate placed on a quill-point introduced into the dental cavity speedily dissolves, and the pain is either deadened or effectively allayed. A second or third application of the remedy may be necessary.

Action of Medicines.—Dr. Chambers, of London, in his late Harveian oration, which, we are glad to learn, has been published in this country, made the following remarks on the importance of observing the action of remedies: "To the court of experience we are, one and all of us, called as jurors. There are millions of experiments performed daily by observers who can regulate their conditions. But how are we prepared for turning the experiments into account? What training does the medical student go through which shall enable him to exercise his franchise? I can not but say that those of us who are teachers in schools have greatly failed of our duties in this respect. I have never yet, as examiner, come across a candidate for diploma instructed in the art of systematically observing and recording the action of medicines. What an awful waste of raw material is here! Surely the chairs of materia medica would be better employed in training a class how to observe than in discussing varieties of cinchona-bark or the shape of senna-leaves — a kind of knowledge which no one ever really gets from lectures, but, if he require it, either from a book or a warehouse." (British Medical Journal.)

Notes and Queries.

CARBOLIC ACID IN INTERMITTENT FEVER.—Dr. Rawlings Young, of Corinth, Miss., writes: "Seeing mention in the American Practitioner of carbolic acid as a remedy in malarial disease, I gave it a fair trial, during the past summer and early part of the fall, in intermittents without succeeding in preventing a return of the paroxysm in a single instance. I had better success with *salicine*, a majority of the cases yielding readily to its use."

BELLADONNA IN ORCHITIS.—S. D. Turney sends the following: "I often meet in the medical journals with various methods of treating orchitis. All that I have seen necessitate much time and confinement to bed, and some advise a painful surgical operation. I beg now to recommend a treatment which an experience in its use of over sixteen years warrants me in saying is both safe, speedy, and sure. It consists in the local application of the following: Extract of belladonna, one drachm; glycerole of starch, one ounce. Mix and rub well over the entire scrotum and along the cord on the affected side every three or four hours. In a short time the pain and distress abate, usually at the end of twenty-four hours. The patient, after applying a well-fitting suspensory bandage, may leave his room. The same remedy to the mamma and around the nipple will almost invariably prevent mammary abscess if used at an early period of the inflammation. For many years I have succeeded in avoiding abscesses of this character in my puerperal patients. The belladonna is supposed to act by constringing the minute

blood-vessels of the congested parts; but whether this is so or not, the fact is unquestionable that when used early it will cut short inflammation in the organs referred to, and when applied at a later period it will usually effect a speedy cure."

CUNDURANGO—FOR THE THIRD AND LAST TIME.—Professor Chas. A. Lee, of Peekskill, N. Y., gives the *coup de grace* to this huge swindle. He says: "Since specimens of the shrub were distributed during the month of April last by the Department of State to the Surgeon-general of the United States army, in order that the remedy should be subjected to the test of chemical analysis, as well as therapeutic trial by scientific and competent medical men, it has been tried in quite a number of cases of cancer; but I have heard of none that have been cured by it, except Mrs. Colfax, in Washington, the mother of the Vice-president of the United States, and it appears, from all I can learn, extremely doubtful whether hers was a case of true cancer. It is far more likely to have been a scrofulous sore. I have known it tried fairly, according to directions, in seven or eight cases of cancer without the slightest perceptible benefit in a single instance. Two of these were in the City of New York, the medicine being given under instructions from the Surgeon-general of the United States army, and the diagnosis was confirmed by submitting specimens of the morbid products, procured after death, to microscopical and other tests. I am therefore forced to the conclusion that the *cundurango possesses no value whatever as a remedial agent in the treatment of cancer*, but from its active properties it may do no small injury, by disturbing the functions of the stomach and impairing nutrition. If we analyze the drug, we shall find it contains no powerful specific principle, like cinchona, opium, nux vomica, etc.; but that its principal constituent is a resin, insoluble in water; and yet it is directed to be given in infusion! We find, besides resin, in its composition, fatty matter,

starch, gum, glucose, tannin, coloring matter, cellulose, lignin, etc.; but it contains no volatile oil or crystalline alkaloid principle, as we should expect if it possessed any specific powers. In a letter just received from one of the principal physicians of Washington City, D. C., are the following statements in confirmation of the above: 'From all that we know of *cundurango* it is entirely inert as a medicine, and is being run as a huge swindle. Dr. Bliss never put it forward in the hands of medical men for trial, and does not now, and it is said, I know not with what truth, that he does not furnish it to medical men if he can avoid it. In other words, he fears the test. It is the best-advertised quack nostrum ever put before the American people.' On the whole, I am disposed to classify this article among the numerous empirical agents which have, from time to time, heretofore agitated the public, and disappointed the hopes and expectations of so many unfortunate victims of this terrible malady, and that this bold attempt to manufacture a fictitious reputation for this drug, resting on such questionable data, seems rather to have been inspired by the dazzling prospect of pecuniary speculation than by a laudable desire to advance the triumphs of science, or to alleviate the sufferings of unfortunate humanity."

Prize Essay on "Diseases of Children."—The president of the Medical Society of the County of New York, Dr. Abraham Jacobi, has placed in the hands of its treasurer four hundred dollars, to be awarded for the best essay on "A History of the Diseases of Infancy and Childhood in the United States, and of their Pathology and Therapeutics." Competitors will send their essays in English, with motto attached, and the name and address of the writer, with the same motto, in a sealed envelope, to the present secretary of the society, Dr. Alfred E. M. Purdy, 123 East Thirty-eight Street, New York, on or before January 1, 1873. The

committee are authorized by the society to withhold the prize if the essays submitted should not merit it.

AUSTIN FLINT, M. D.,
ERNST KRACKOWIZER, M. D.,
EDWARD S. DUNSTER, M. D.,
} *Committee.*

KENTUCKY STATE MEDICAL SOCIETY.—At the meeting of this Society in Covington the following officers were elected: Dr. T. N. Wise, president; Dr. J. Hale, senior vice-president; Dr. Coleman Rogers, junior vice-president; Dr. W. B. Rodman, recording secretary; Dr. A. G. Drury, corresponding secretary; Dr. L. B. Todd, treasurer; and Dr. R. W. Taylor, librarian. In looking over the proceedings of the Society we find that by some oversight the name of Dr. L. P. Yandell, sr., has been omitted in the list of members in attendance. Dr. Yandell was present at the meeting, and with a paper which he would have read if the time of the Society had not been taken up with the discussion of medical ethics. On motion of his old pupil and friend, Dr. Bradford, the great ovariotomist, of Augusta, he was invited by the Society to a seat on the stand beside the president, in consideration of his long professional services. He was appointed by the president one of the delegates to the Medical Society of Indiana, and, we believe, was the only one who attended its meeting at Indianapolis. He is one of the few surviving members of the original State Society, organized some thirty years since, and has probably attended more of the meetings of the present Society than any member living. He has always taken a lively interest in it, and has never, we suppose, failed to make a report when any task has been assigned him by the Society. And now, at an age bordering upon three-score years and ten, his friends at a distance will be glad to know, he is as actively engaged in the labors of his profession as ever he was, still alive to all its movements and interests, and looks forward with pleasure to taking by the hand, at the meeting of the

Society here next spring, many of the old friends and pupils to whom he began to lecture forty years ago.

THE CHICAGO FIRE.—All classes of people in Chicago suffered by the fire which recently laid in ashes so large a part of that wonderful city. Among the rest, very many of our own profession were losers in property, while not a few, who but a few weeks ago were in prosperous circumstances, have been reduced to actual want. Letters received from some of the latter breathe the same fine spirit which distinguishes the commercial men of that place. They are all full of hope, and as resolute as need be. They have the sympathy of their brethren everywhere. From New York, Boston, and other cities, material aid has already been dispatched to them. The Medical Society of the County of Kings, N. Y., raised at a special meeting one thousand dollars for their benefit. Donations have gone forward from many sources. Kind and encouraging words have reached them from their brethren everywhere. The edifices of both the medical schools were consumed. The faculties rented other buildings, and have resumed their courses of instruction. The classes, we understand, have held well together. The Medical Department of the University of Louisville tendered to the Chicago schools its sympathy, and authorized them to command its services in any way in which they might be useful.

The following letter, written by Prof. Davis to Dr. Francis Brown, and published in the Boston Medical and Surgical Journal, will be read with interest:

CHICAGO, ILL., October 14, 1871.

FRANCIS H. BROWN, M.D.:

Dear Sir,—Your very kind letter was received yesterday. I hasten to thank you in behalf of the profession here for the prompt expression of sympathy and liberal aid by the profession and citizens of Boston, and indeed everywhere. My residence is unin-

jured by the fire, and I am able to make not only my own family comfortable, but also my son-in-law, with his little group, who were turned out of their house with only what they had on their backs. With gratitude I say that for myself and *mine* I have enough left, and am only anxious to help others. There are several physicians who have been stripped of *everything* but a single suit of clothes upon their backs. If members of the profession in Boston and elsewhere could contribute a small sum each, and commit it to my care for the special purpose of aiding such, I would see that it was properly used, and return *vouchers* for the same. I am already engaged in trying to find the destitute physicians, so as to know who they are and to what extent they need aid. With many thanks, I remain yours truly, N. S. DAVIS.

We are pained to learn that the number of the Chicago Medical Examiner for October was burned. The lost number will be supplied at an early day.

Persons who may wish to assist our destitute brethren in Chicago may send their subscriptions direct to Profs. Davis, Adams, Green, or Johnson, who will see that the money is properly used.